



Advisory Committee Application

Colorado HIV and AIDS Prevention Program (CHAPP)

Please read the overview of Colorado HIV and AIDS Prevention Program (CHAPP) Advisory Committee and Member Responsibilities and Qualities before completing this application.

Name: _____ Title: _____

Email: _____ Phone: _____

Position for which you are applying or could represent (check all that apply):

- ☐ A representative of a statewide collaborative group that assists the department in the department's comprehensive plan for HIV and AIDS prevention.
- ☐ An individual recommended by the Department's Health Equity Commission.
- ☐ A recognized expert in HIV and AIDS Prevention and Education.
- ☐ A representative of a clinic that receives moneys under Part C of the Federal Ryan White C.A.R.E. Act of 1990*.

Gender: ☐ Male ☐ Female

Race (Optional): ☐ Asian ☐ African American ☐ Native American ☐ Caucasian

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

The composition of the advisory committee shall reflect, to the extent practical, Colorado's ethnic, racial, and geographic diversity. How do you add to this diversity?

Agency Affiliation

Are you currently employed by, do consulting work for, or sit on the board of directors of an organization that provides HIV/AIDS services?

☐ Yes ☐ No

If yes, list the organizations by name: _____

If yes, does this organization receive CHAPP funding? Yes ☐ No ☐

Is it likely to apply for CHAPP funding? Yes ☐ No ☐

What qualities of an effective Advisory Committee Member (see Overview) do you bring?

Why do you want to become a member of the CHAPP Advisory Committee?

Are you able to fulfill the following commitments?

1) Attendance: Members must attend quarterly meetings and at least two additional activities annually.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Orientation: Every new member must attend an orientation meeting.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Participation: Members should actively participate at CHAPP AC meetings in a respectful manner. Members are expected to utilize their expertise, initiative, and community networks to further CHAPP's work.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Preparation: Members are expected to read all relevant materials prior to the meetings.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

References

List three persons, not related to you, who you have known for at least one year.)

Name	Email	Phone

Is there anything in your background that might be an embarrassment to the Executive Director or you if it were to become public?

Yes ☐ No ☐ (If yes, please explain in an attachment to this application)

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

Signature: _____ Date: _____

Please, attach a current resume to this application.